SOLARC SYSTEMS INC.

1515 Snow Valley Road
Minesing, ON L0L 1Y3
Toll Free: 866-813-3357
Fax: 705-739-9684 (24hr)
info@solarcsystems.com
SolarcSystems.com

HOME PHOTOTHERAPY ORDER FORM
USA & International (5 Pages)

Directions for Use:

1. Read and understand the "Terms and Conditions of Sale", then complete each applicable section of the form.
2. Have your Healthcare Professional (MD or Nurse Practitioner) complete the "Healthcare Professional Approval" section **OR** attach a physician's prescription for the device. This is required for USA shipments only. Please keep copies for your records.
3. Fax, email or mail your order to Solarc. Be sure to include all applicable sides of this form. Once received, Solarc will acknowledge your order and provide shipping information.

Qty	Part Number	Product Description	Unit Price	Total
E-Series Expandable / Multidirectional Phototherapy: 6 foot panel with two 100-watt UVB-Narrowband bulbs				
	E720M-UVBNB	MASTER device with timer. Always required first.	$ 1195.00	
	E720A-UVBNB	ADD-ON device (Up to 4 allowed per Master device)	$ 995.00	
	Face Shield-M	Face Shield for MASTER device	$ 35.00	
	Face Shield-A	Face Shield for ADD-ON device	$ 35.00	
Full Body Home Phototherapy: SolRx™ 1000 Series: 6 foot panel with 100-watt bulbs.				
	1790UVB-NB	**10** Bulb UVB Narrowband (1000 watts)	$ 2895.00	
	1780UVB-NB	**8** Bulb UVB Narrowband (800 watts)	$ 2595.00	
	1760UVB-NB	**6** Bulb UVB Narrowband (600 watts)	$ 2295.00	
	1740UVB-NB	**4** Bulb UVB Narrowband (400 watts)	$ 1995.00	
	1760UVB	**6** Bulb UVB Broadband (600 watts)	$ 2095.00	
	1740UVB	**4** Bulb UVB Broadband (400 watts)	$ 1795.00	
Hand/Foot & Spot Phototherapy: SolRx™ 500 Series: Tabletop device with 36-watt bulbs. (PL-L36W/01)				
	550UVB-NB	**5** Bulbs UVB Narrowband (180 watts)	$ 1695.00	
	530UVB-NB	**3** Bulbs UVB Narrowband (108 watts)	$ 1395.00	
	520UVB-NB	**2** Bulbs UVB Narrowband (72 watts)	$ 1195.00	
100 Series Handheld Phototherapy: Small wand with two 9-watt bulbs. Includes carrying case and one set of six Aperture Plates. The Positioning Arm and UV-Brush for scalp psoriasis are optional.				
	120UVB-NB	**2** Bulbs UVB Narrowband (18 watts)	$ 795.00	
	120UVB	**2** Bulbs UVB Broadband (18 watts)	$ 795.00	
	Arm-100	Positioning Arm Kit for 100 Series units	$ 245.00	
	UV-Brush-100	UV-Brush for 100 Series (1)	$ 50.00	
	AP-100	Spare Aperture Plates for 100 Series, Set of 6	$ 25.00	
Common Replacement Ultraviolet Bulbs: Shipping & Packaging Extra. Many other UV bulb types available.				
	TL100W/01	6ft UVB Narrowband "Long" length, Philips	$ 120.00	
	TL100W/01-FS72	6ft UVB Narrowband "FS72" or "Short" length, Philips	$ 120.00	
	PL-L 36W/01	Fits Solarc 500 Series UVB Narrowband, Philips	$ 105.00	
	PL-S 9W/01	Fits Solarc 100 Series UVB Narrowband, Philips	$ 45.00	
	PL-S 9W/12	Fits Solarc 100 Series UVB Broadband, Philips	$ 45.00	
	FS72T12/UVB/HO	Fits Solarc 6ft UVB Broadband and many others	$ 110.00	
	Shipping	For replacement bulbs/beyond points. Call for pricing	$ Call	
			Total Purchase US$	

Notes:

1. The "Total Purchase" price is the entire amount that is payable, and the only charge that will be made to your credit card. This amount includes all freight, customs and brokerage. Solarc Systems does not collect any US or International taxes. If any US or International taxes apply, they are payable by the purchaser.
2. All devices are fully assembled with new ultraviolet bulbs, 1 pair ultraviolet protective goggles, comprehensive user's manual with exposure guidelines for psoriasis & vitiligo, and mounting hardware if needed. There is nothing else that you need to purchase.
3. Shipping is included to most locations in continental USA. Extra charges apply for Beyond Points & International.
4. The US Department of Homeland Security requires that imports greater than US$2500 must identify the "ultimate consignee" using the customer's social security number (SSN). Please enter* on page 2 if required.

©2013 Solarc Systems Inc. Rev 9.2 USA

PATIENT / RESPONSIBLE PERSON INFORMATION (Please print clearly)

Patient Name:_____ Responsible Person Name:_____

Address: _____

City: _____ State:_____ Zip:_____

Phone: _____ Email: _____

*If purchase is greater than US$2500, provide your SSN# here: _____

Solarc Systems Inc. Terms and Conditions of Sale for Ultraviolet Phototherapy Device:

1. The "Device" is defined as a Solarc/SolRx Ultraviolet Phototherapy Lamp Unit or Ultraviolet Phototherapy Bulbs.
2. The "Patient" is defined as the person that is intended to receive ultraviolet skin treatments using the Device.
3. The "Responsible Person" is defined as the Patient or any person that is in care or custody of the Patient, such as a parent or guardian.
4. A "Healthcare Professional" is defined as a medical doctor (MD) or nurse practitioner qualified to provide advice on ultraviolet phototherapy and qualified to perform skin examinations for skin cancer and other adverse effects.
5. The Responsible Person acknowledges that they have been advised by Solarc Systems to seek the advice of a Healthcare Professional to ensure that ultraviolet phototherapy is a suitable treatment option for the Patient's diagnosis and to evaluate the Responsible Person's ability to use the Device safely.
6. The Responsible Person agrees that the Device will be used only by the Patient.
7. The Responsible Person agrees that the Device will be used only if the Responsible Person arranges and obtains for the Patient a skin examination performed by a Healthcare Professional at least once per year.
8. The Responsible Person agrees to indemnify and hold harmless the Healthcare Professional and/or Solarc Systems Inc. and/or any associated reseller from any action or claim if the Responsible Person fails to arrange and obtain for the Patient a skin examination performed by a Healthcare Professional at least once per year.
9. For Solarc/SolRx Ultraviolet Phototherapy Lamp Unit purchases, the Responsible Person agrees to read and fully understand the User's Manual supplied with the Device before the Patient's first treatment. If any part of the User's Manual is not understood, the Responsible Person agrees to consult with a Healthcare Professional for interpretation. The Responsible Person agrees to request a replacement User's Manual should the original be lost (A replacement User's Manual will be supplied free of charge by Solarc Systems Inc.).
10. The Responsible Person agrees that the Patient and all other persons exposed to the ultraviolet light produced by the Device will wear ultraviolet protective eyewear during Device operation.
11. The Responsible Person understands that, as with natural sunlight, use of the Device may cause adverse effects, including, but not limited to premature aging of the skin and skin cancer. The Responsible Person agrees that the Healthcare Professional and/or Solarc Systems Inc. and/or any associated reseller is not responsible for any adverse effects arising from the use or misuse of the Device.
12. For E-Series Devices, the Responsible Person agrees that ADD-ON Devices will only be connected to and operated from a Solarc E-Series MASTER Device, to a maximum of 4 ADD-ON Devices per MASTER Device.
13. This transaction and its terms and conditions shall be governed by the laws of Ontario and the laws of Canada applicable in Ontario.
14. Solarc Systems Inc. and the Responsible Person agree to accept signatures by fax and that they shall be legal and binding.

I understand and agree to the above:

Responsible Person Signature: ✘_____ Dated: ✘_____

SHIPPING INFORMATION ☐ Same as above

Name: _____

Address: _____

City: _____ State:_____ Zip:_____

Phone: _____ Email: _____

SolRx 1000 Series Shipping Policy: This is an overweight package (>70lbs). It is **not** possible for the courier to call before the shipment is delivered. If nobody is present at the time of delivery, the courier will leave the package at the "Ship To" address, and the delivery is considered complete. Solarc provides the waybill number and courier contact information so the package can be traced, and a delivery time predicted. If security is an issue, it is strongly recommended that the "Ship To" address be one that is likely to have somebody there during working hours, such as a place of business. Moving the package requires at least a minivan, station wagon or pickup truck OR if the device is taken out of the shipping box, it may fit into a smaller station wagon. Typical delivery times are 3 to 9 working days for stock items.

©2013 Solarc Systems Inc. Rev 9.2 USA

CREDIT CARD INFORMATION ☐**VISA or** ☐**MASTERCARD only** (Please print clearly)

Cardholder Name: _____ Total Purchase: US$_____

Credit Card #: _____ Expiry Date (mm:yy) _____

3-digit "CVD code" from the back of the credit card _____

I agree to pay card issuer indicated amount pursuant to cardholder agreement:

Cardholder's Signature: ✘_____ Dated: ✘_____

Alternatively, customers can call 866-813-3357 (or 705-739-8279) and provide their credit card information verbally. Click the box below if that is your preference.

☐ I will call Solarc and provide my credit card information verbally.

Solarc may also request the cardholder's address.

Pricing valid from **June 01, 2013** and subject to change without notice.

Note: In rare cases, some credit card companies have been charging the cardholder an extra "transaction fee". These fees are not typical, completely out of Solarc's control, and are payable by the purchaser. Payment by wire transfer is available to avoid any such fees. Contact Solarc for wire transfer information.

Continued …

©2013 Solarc Systems Inc. Rev 9.2 USA

Have your Healthcare Professional (Medical Doctor or Nurse Practitioner) complete the following "Healthcare Professional Approval" section **OR** attach a separate prescription slip where indicated below. Keep a copy of your prescription for your records. This is a requirement for USA shipments only, per US Federal law 21CFR801.109. Prescriptions are optional for International shipments.

Healthcare Professional Approval

To be completed by the Healthcare Professional (Medical Doctor or Nurse Practitioner)
OR attach separate prescription slip below.

I hereby authorize my Patient, _____ to obtain a ☐**UVB-Narrowband** ☐**UVB-Broadband** Ultraviolet Home Phototherapy Device as specified above. The Responsible Person understands that they must read and understand the User's Manual before using the Device, and that they must arrange and obtain for the Patient a skin examination performed by a Healthcare Professional at least once per year.

Healthcare Professional Name: _____

Address: _____

City: _____ State:_____ Zip:_____

Phone Number: _____ Fax Number: _____

Signature: _____ Date: _____

Comments: _____

I am a: ☐ **Dermatologist** ☐ **GP** ☐ **Other:** _____

Please send me **additional information** about: ☐ **Solarc** phototherapy products ☐ **UVB Narrowband**.

If faxing, use this area to attach separate prescription slip. Fully tape the top edge to prevent jamming the fax machine.

©2013 Solarc Systems Inc. Rev 9.2 USA

The following ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT is an OPTIONAL agreement between the Responsible Person and the Healthcare Professional (Medical Doctor or Nurse Practitioner) . Your Healthcare Professional may ask that you sign this agreement before issuing a prescription for an Ultraviolet Home Phototherapy Device:

ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT

TO: _____ (*Name of Healthcare Professional)*

FROM: _____ (*Name of Responsible Person)*

_____ ***(Name of Patient)***

RE:

I, _____HEREBY ACKNOWLEDGE AND CONFIRM that I have consulted with the Healthcare Professional named above, to assist me with the initial selection and ongoing safe use of an Ultraviolet Home Phototherapy Device (the "Device").

I FURTHER HEREBY ACKNOWLEDGE AND CONFIRM that I have read and fully understand the content, limitations and instructions contained in the **Solarc Systems Inc. Terms and Conditions of Sale for Ultraviolet Home Phototherapy Device** (the "Information Document"), including but not limited to the following specific requirements:

a) The Responsible Person agrees that the Device will be used only if the Responsible Person arranges and obtains for the Patient a skin examination performed by a Healthcare Professional at least once per year.

b) The Responsible Person understands that, as with natural sunlight, use of the Device may cause adverse effects, including, but not limited to premature aging of the skin and skin cancer. The Responsible Person agrees that the Healthcare Professional is not responsible for any adverse effects arising from the use or misuse of the Device.

I FURTHER ACKNOWLEDGE AND CONFIRM that I have been advised of the implications of not following the instructions contained in the Information Document, including, but not limited to, the possibility of undetected skin cancer or other adverse effects, and I hereby indemnify and save harmless the Healthcare Professional named above with respect to any action that I may have against the Healthcare Professional named above or any of his affiliate practitioners or professional corporations should I not abide by my express obligations contained in the Information Document, including but not limited to providing my current address and full contact information to such practitioner.

DATED at _____ (city), this _____ day of _____(month) , _____(year).

_____ _____

Witness *Signature of Responsible Person*